

San Francisco Health Plan (SFHP) Quarterly Formulary and Prior Authorization Criteria Update April 2023

The following changes to SFHP formulary and prior authorization criteria were reviewed and approved by the SFHP Pharmacy and Therapeutics (P&T) Committee on Wednesday, April 19th, 2023. Effective date for all changes is **May 20th, 2023**.

SFHP formulary and prior authorization (PA) criteria can be accessed at <http://www.sfhp.org/providers/formulary/>. Generic criteria are linked in the searchable formulary preamble for each line of business, and drug- and drug-class specific criteria are linked to the formulary listing for each relevant drug.

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Drug Class Reviews

Cardiology: Camzyos™ (mavacamten)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained non-formulary at this time due to small potentially eligible population and REMS requirement

Prior Authorization Criteria Recommendations:

- No prior authorization (PA) criteria changes made; leverage Non-Formulary Medications criteria for any requests

Drug Utilization Review Recommendations:

- No Drug Utilization Review (DUR) changes made

Endocrinology: Diabetes Mellitus 1 & 2

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Added the following basal insulins to formulary tier 1 based on comparative cost-effectiveness:
 - insulin glargine (Lantus Solostar®) and insulin glargine-yfgn (Semglee®) pen and vial
 - Rezvoglar™ Kwikpen® (insulin glargine-aglr) 100u/mL pen
- Removed the following basal insulins from formulary (authorized continuity for current utilizers) based on cost-effective alternatives available:
 - Basaglar Kwikpen® (insulin glargine) 100u/mL pen
 - Levemir® (insulin detemir) 100u/mL pen and vial
- Removed the following insulins from formulary due to limited/no utilization (authorized continuity for current utilizers) and cost-effective alternatives available:
 - Humalog® (insulin lispro) cartridge and insulin lispro (Humalog Jr Kwikpen®) pen
 - Humalog Mix® (insulin lispro protamine-lispro) 50-50u/mL pen and vial and 75-25u/mL vial
 - Humulin®/Novolin® (insulin human NPH-regular) 70-30u/mL pen and vial (OTC)

Healthy Workers HMO only:

- Updated step requirement for insulin degludec to require new preferred glargine formulations above
- Moved Humulin R® U-500 (insulin regular) 500u/mL vial and pen from tier 1 to tier 3 and added step requirement (insulin glargine)
- Added the SGLT2i Farxiga® (dapagliflozin) and the following combinations to formulary tier 3 with metformin step therapy required based on utilization and comparative cost-effectiveness:
 - Xigduo® XR (dapagliflozin-metformin), Qtem® (dapagliflozin-saxagliptin)
 - Glyxambi® (empagliflozin-linagliptin), Trijardy® XR (empagliflozin-linagliptin-metformin)
- Removed Invokana® (canagliflozin) and Invokamet®/XR (canagliflozin-metformin) from formulary due to cost-effective alternatives available with broader clinical use

Prior Authorization Criteria Recommendations:

- Updated Long-Acting (Basal) Insulins and SGLT2 Inhibitors criteria sets with formulary changes above

Drug Utilization Review Recommendations:

- Recommended lettering campaign to providers to promote switch to cost-effective alternatives to Basaglar®
- Reviewed separate DUR analysis on diabetes medication adherence

Endocrinology: Diabetes Supplies & Hypoglycemia

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Removed GlucaGen® HypoKit® kit and Gvoke (glucagon) vial, autoinjector and syringe from formulary due to lack of use and cost-effective alternatives available

Prior Authorization Criteria Recommendations:

- No PA criteria changes made

Drug Utilization Review Recommendations:

- No DUR changes made

Endocrinology: Osteoporosis and Bone Disease

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- No formulary changes made

Prior Authorization Criteria Recommendations:

- Updated Parathyroid Hormone criteria to remove preference for Tymlos® (abaloparatide) based on comparative cost-effectiveness

Drug Utilization Review Update:

- No DUR changes made

Gastroenterology: Gastrointestinal Miscellaneous Medications

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Added quantity limit to loperamide (Imodium®) (quantity 30/30 days' supply) to prevent misuse
- Maintained Pylera® (bismuth-metronidazole-tetracycline), Voquezna™ (vonoprazan-amoxicillin-clarithromycin), Clenpiq® (sodium picosulfate-magnesium oxide-citric acid), and Konvomep® (omeprazole-sodium bicarbonate) as non-formulary at this time due to cost-effective alternatives available
- Removed sucralfate (Carafate®) oral suspension from formulary due to cost-effective alternatives available and lack of pediatric population (authorized continuity for any current utilizers)

Prior Authorization Criteria Recommendations:

- Updated Proton Pump Inhibitors criteria to list Konvomep® as nonformulary (not currently listed)

Drug Utilization Review Recommendations:

- Recommended review of member utilization for loperamide in Healthy Workers HMO to assess for potential misuse

Gastroenterology: Pancreatic Enzymes

Formulary Update: Healthy Workers HMO only

- No formulary changes made

Prior Authorization Criteria Recommendations:

- No PA criteria changes made (no active criteria)

Drug Utilization Review Recommendations:

- No DUR changes made

Nephrology: Chronic Kidney Disease and Mineral Bone Disorder

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Removed Phoslyra® (calcium acetate) from formulary due to available alternatives and no utilization

Prior Authorization Criteria Recommendations:

- Updated Phosphate Binders criteria to reflect above formulary change

Drug Utilization Review Recommendations:

- No DUR changes made

Nephrology: Filspari™ (sparsentan)

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Maintained Filspari™ non-formulary at this time due to limited indication and efficacy data and safety concerns

Prior Authorization Criteria Recommendations:

- No PA criteria changes made; leverage Non-Formulary Medications criteria for any requests

Drug Utilization Review Recommendations:

- No DUR changes made

Neurology: Migraine

Formulary Update: Healthy Workers HMO only

- Added Aimovig® (erenumab-aooe) to formulary tier 3 with PA required based on comparative cost-effectiveness
- Removed triptan age limits to reflect Healthy Worker HMO population (no pediatric membership)

Prior Authorization Criteria Update:

- Updated Triptans criteria to remove age limits

Drug Utilization Review Update:

- No DUR changes made

Obstetrics & Gynecology: Endometriosis and Uterine Fibroids

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- No formulary changes made

Prior Authorization Criteria Recommendations:

- Removed Lupaneta® Pack (leuprolide, norethindrone kit) from Endometriosis criteria based on manufacturer discontinuation
- Updated Uterine Fibroids criteria to include Lupron Depot® (leuprolide) based on FDA-approved indication

Drug Utilization Review Update:

- No DUR changes made

Psychiatry: Opioid, Nicotine, and Alcohol Dependence

Formulary Update: Healthy Workers HMO and Healthy San Francisco

- Added Kloxxado® (naloxone) 8 mg nasal spray to formulary tier 2 based on comparative cost-effectiveness

Prior Authorization Criteria Update:

- Updated Narcotic Withdrawal Therapy Agents criteria to remove Bunavai® (buprenorphine-naloxone) buccal film listing due to manufacturer discontinuation and requirement for X license based on FDA changes

Drug Utilization Review Update:

- Reviewed separate adherence analysis for drugs for dependence disorders

Interim Prior Authorization Criteria Changes (1/2/23 – 4/3/23)

The following is a summary of changes to SFHP prior authorization (PA) criteria including new criteria and revisions to existing criteria. Current prior authorization criteria can be found at SFHP website at <https://www.sfhp.org/providers/pharmacy-services/sfhp-formulary/>.

New Criteria

In the interim since January 2023 P&T, no new criteria were implemented.

Revisions to Existing Criteria

In accordance with the National Committee for Quality Assurance (NCQA) health plan accreditation requirements, all criteria not yet evaluated by P&T within the last year were reviewed. Criteria were evaluated to check formulary status, review for clinical appropriateness and applicability as well as review for formatting and reference check. Criteria with recommended updates are included in the table below with effective date May 20th, 2023.

Title	Date Effective	Revision Summary
NON-FORMULARY MEDICATIONS	5/20/2023	Updated to include pharmacy benefit exclusions to support review process
PCSK-9 INHIBITORS	5/20/2023	Removed pediatric LDL value requirements to reflect Healthy Workers HMO population (no pediatric membership)
DDAVP® (DESMOPRESSIN)	5/20/2023	Retired criteria due to Stimate® being discontinued per the manufacturer
TOPICAL ANTIPARASITICS	5/20/2023	Added scabies diagnosis, removed permethrin 1% (OTC excluded)

Interim Formulary Changes (12/31/22 – 3/31/23)

Pharmacy Benefit Medications

Date	Therapeutic class	Medication	Formulary Status	Comment
1/20/2023	Adrenocorticotrophic Hormones	Acthar (corticotropin) Gel 400 unit/5 mL vial	HW: T3-F/PA → NF HSF: NF (no change)	Criteria retired
1/14/2023	Antihyperglycemic, Incretin Mimetic (GLP-1 Receptor Agonist)	Ozempic (semaglutide) 0.25-0.5 mg/dose 3 mL pen	HW: T3-F/PA HSF: NF	New dosage form
2/4/2023	Selective Estrogen Receptor Modulators (SERMS)	Orserdu (elacestrant) 86, 345 mg tablet	HW: T3-F/PA HSF: NF	New entity
2/4/2023	Antineoplastic Systemic Enzyme Inhibitors	Jaypirca (pirtobrutinib) 50, 100 mg tablet	HW: T3-F/PA HSF: NF	New entity
2/18/2023	Insulins	Levemir Flexpen (insulin detemir) 100 unit/mL	HW: T3-F/PA HSF: NF	New dosage form
2/25/2023	Antineoplastic - Antiandrogenic Agents	Erleada (apalutamide) 240 mg tablet	HW: T3-F/PA HSF: NF	New entity
3/11/2023	Antineoplastic - Kras Protein Inhibitor	Lumakras (sotorasib) 320 mg tablet	HW: T3-F/PA HSF: NF	New entity

Status	Definition
T1 Formulary Drug, Generic (can have quantity limits, age, gender and other code 1 restrictions as defined by Medi-Cal)	Drug is a generic and is covered at point of sale if quantity limits, age, gender, and other code 1 restrictions are met (NOTE: If quantity limits, age, gender, and other code 1 restrictions are not met, drug may still be covered through Prior Authorization process).
T2 Formulary Drug, Brand (can have quantity limits, age, gender and other code 1 restrictions)	Drug is a brand and is covered at point of sale if quantity limits, age, gender, and other code 1 restrictions are met (NOTE: If quantity limits, age, gender, and other code 1 restrictions are not met, drug may still be covered through Prior Authorization process).
T3 Formulary Drug, Step Therapy or Prior Authorization required	Drug is a brand or generic and is covered through Prior Authorization process or at point of sale if step therapy criteria are met.
NF Non-Formulary Drug	Drug is non-formulary or excluded. Non-formulary drugs may be covered through Prior Authorization process. Excluded drugs are not covered.

All changes apply to Healthy Workers HMO, and Healthy San Francisco formularies unless otherwise indicated. T3 products are NF for HSF. Excluded= X

The following new products are not listed in above table:

- Newly generic formulary products moved to tier 1 from tier 2
- Bulk chemicals (excluded from benefit)
- Products that are not FDA approved including emollients (excluded from benefit)
- Topical combination kits (NF if separate ingredient products are available on formulary and/or available as OTC)

New Drugs to Market, Nonformulary

Date	Therapeutic class	Medication	Comment
1/14/2023	Medical Supplies, Miscellaneous	Vibrant capsule (vibrating transient device for constipation)	New entity
2/4/2023	Anti-Inflammatory Tumor Necrosis Factor Inhibitor	Amjevita (adalimumab-ATTO) 40 mg/0.8 mL autoinjector, 20mg/0.4mL, 40mg/0.8mL syringe	New entity*
2/11/2023	Thymic Stromal Lymphopoietin (TSLP) Inhibitors	Tezspire (tezepelumab-EKKO) 210 mg/1.91 mL pen	New dosage form
2/18/2023	Thrombin Inhibitors, Selective, Direct, Reversible	Pradaxa (dabigatran etexilate mesylate) 20, 30, 40, 50, 110, 150mg pellet pack	New dosage form
2/18/2023	Plasma Kallikrein Inhibitors	Takhzyro (lanadelumab-FLYO) 150mg/mL syringe	New dosage form
3/11/2023	Antihyperlipidemic-Hmgcoa Reductase Inhib(Statins)	Atorvaliq (atorvastatin calcium) 20 mg/5 mL suspension	New entity
3/17/2023	Nuclear Factor Erythroid 2-Related Factor 2 Activator	Skyclarys (omaveloxolone) 50 mg capsule	New entity
3/17/2023	Glypromate (GPE) Analogs	Daybue (trofinetide) 200 mg/mL solution	New entity

*Scheduled for review at upcoming P&T

The following new products are not listed in above table:

- Bulk chemicals (excluded from benefit)
- Products that are not FDA approved including emollients (excluded from benefit)
- Topical combination kits (NF if separate ingredient products are available on formulary and/or available as OTC)

New Drugs to Market, Medical Benefit

Date	Therapeutic Class	Drug Name, Strengths, and Dosage Form
1/7/2023	Agents to Treat Multiple Sclerosis	Briumvi (ublituximab-XIY) 150 mg/6 mL vial
1/14/2023	Amyloid Directed Monoclonal Antibody	Legembi (lecanemab-IRMB) 200 mg/2 mL, 500 mg/5 mL vial
1/14/2023	Barbiturates	Sezaby (phenobarbital sodium) 100 mg vial
1/14/2023	Topical/Mucous Membrane/Subcutaneous Enzymes	Nexobrid (anacaulase-BCDB) 8.8% gel
2/4/2023	Enteric Virus Vaccines	Rotarix (rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)) vaccine oral syringe
2/4/2023	Antiemetic/Antivertigo Agents	Aponvie (aprepitant) 32 mg/4.4 mL vial
2/18/2023	Antineoplastic Humanized VEGF Inhibitor Recombinant Monoclonal Antibody	Vegzelma (bevacizumab-ADCD) 100mg/4 mL, 400mg/16 mL vial
2/25/2023	Ophthalmic Complement Inhibitors	Syfovre (pegcetacoplan/PF) 15 mg/0.1 mL vial
2/25/2023	Metabolic Dx Enzyme Replacement,Alpha-Mannosidosis	Lamzede (velmanase alfa-TYCV) 10 mg vial
3/4/2023	Viral/Tumorigenic Vaccines	Ervebo (Ebola (Zaire) recombinant vaccine, live, vero cell/PF) 1 mL vial (Stockpile)
3/4/2023	Sympathomimetic Agents	Emerphed 25 mg/5 mL, 50mg/10 mL syringe
3/11/2023	Antihemophilic Factors	Altuviiiio (antihemophilic factor RFVIII FC-VWF-XTEN, BDD-EHTL) 250; 500; 1,000; 2,000; 3,000; 4,000 unit vial

The following products are not listed in the above table:

- Allergenic extracts
- Diagnostic preparations
- Parenteral amino acid solutions and combinations
- IV fat emulsions